

# Medicaid

## How do I know if the person I am helping is Medicaid eligible?


Ask for a **current** Medical Assistance ID Card. The card is issued every month to a Medical Assistance eligible client or client's family.

### *Sample DSHS Medical ID card*

Please read the back of this card.

**MEDICAL IDENTIFICATION CARD**

DSHS CSO Address  
Anywhere, WA 91919



This card Valid From: 05-01-06  
To: 05-31-06

**F02** ← Group Code

Language: Spanish

Group  
Code

PATIENT INFORMATION CODE (PIC)				MEDICAL COVERAGE INFORMATION							
Initials	Birth date	Last Name	TB	Insurance	Medicare	HMO	Detox	Restriction	Hospice	DD Client	Other
JQ	010778	PUBLI	A			PLAN					
BG	051505	PUBLI	A			PLAN					
BB	103100	FEATH	B			PCCM					

John Q. Public  
123 Main Street  
Anytown, WA 98000

CNP

1-800-999-2121 **PLAN**  
023 003455667  
L0000999\*111234B

**SHOW TO MEDICAL PROVIDER AT TIME OF EACH SERVICE**  
DSHS 05-025 (Revised 04/2004)

\_\_\_\_\_  
SIGNATURE (Not Valid Unless Signed)

Locate the client's Group Code circled on the sample Medical ID card above. *NOTE: The Group Code will always be a letter followed by 2 numbers.*

**EXCEPT for the following Group Codes listed below ALL other Group Codes are eligible for MEDICAID ADMINISTRATIVE MATCH:**

F07	S-CHIP
F08	CHP
G01 (without CNP) (19)	GAU
W01	ADATSA
W02	ADATSA
M99	PII